## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	41																
•	_													1			
1. Name and Mailing Address of Respondent Yelcot Telephone Telephone Company PO Box 1970 Mountain Home, AR 72654-1970													Check here if this is a change of address.				
2. Year Report Filed 2019				Period (Endi overed by Re lary 3, 2	port)	ay		4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 1 16 or more (complete all sections)									
SECTION II - Full-Time Emp	loyee	8.						<del>'</del>			•						
Job			Number of Employees (Report employees in only one category)														
			Race/Ethnicity														
Categories			anic or tino		Not-Hispanic or Latino												
		"	ano			Ma	ale					Fer		Columns A - N			
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	1	
		Α	В	С	D	E	F	G	Н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			3					i i	1						4	
First/Mid-Level Officials and Managers	1.2			2			-			3						5	
Professionals	2			2			_			4						6	
Technicians	3			3												3	
Sales Workers	4															0	
Administrative Support Workers	5			1						3						4	
Craft Workers	6			9												9	
Operatives	7															0	
Laborers and Helpers	8	:														0	
Service Workers	9															0	
TOTAL	10	0	0	20	0	0	0	0	0	11	0	0	0	0	0	31	
PREVIOUS YEAR TOTAL	11			20						13						33	

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SECTION III - Part-Time Empl	oyees	s															
		Number of Employees (Report employees in only one category)															
1.1	ŀ	Race/Ethnicity															
Job Categories	-	Hispanic or Latino		Not-Hispanic or Latino													
				Male Female												Total Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	(10-2001 <b>5</b> 7	
		Α	В	С	D	Ε	F	G	н	JE.	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1,1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5									1						1	
Craft Workers	6	•:														0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	
PREVIOUS YEAR TOTAL	11			0						0						0	
SECTION IV - Report of Discr	imina	ation Comp	laints Pursua	int to 47 CFI	R 22.321, 23.	55, 90.168, 10	1.4, and 101	.311.									
This is to advise the company before a This is to advise the (Attach a list indicate).	iny bo ne Co	dy having commission the	ompetent juris at the followin	idiction in suc ig complaints	th matters du alleging viola	ring the calend ations of the pr	lar year cover ovisions of a	ered by this re any equal emp	port. loyment oppor	tunity statute	e have been fi	led against thi	s company.				
SECTION V - Certification																	
I certify that to the best of my k					ents in this re	port are true a											
Date 05/15/2019	Typed or Printed Name of Person Signing  Aaron Millsap						Signature							Telephone No. (870) 425-3100			
Title of Person Signing WI						WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											